


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90036 016 ****61.25

DOCUMENT # N00575

1. Entity Name
WOODLAWN LAKES FIRST ADDITION SUBDIVISION ASSOCIATES, INC.



Principal Place of Business
**P. O. BOX 362
 ELLENTON, FL 34222 US**

Mailing Address
**P. O. BOX 362
 ELLENTON, FL 34222 US**

DO NOT WRITE IN THIS SPACE



03262007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FERRARO, LOU
 8016 LAKE DRIVE
 PALMETTO, FL 34221**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARO, LOU 8016 LAK DRIVE PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'BRIEN, FRED ROSE, DOUGLAS 5306 WOODLAWN CIRCLE EAST 5207 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VENTURA, LYNCH ROSE, CAROL J. 8008 LAKE DRIVE 5207 WOODLAWN CIR. EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JEFF 5306 WOODLAWN CIR. W. PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERRARO, ELLEN 8016 LAKE DRIVE PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSEL, LEE DELETE 8008 LAKE DR. PALMETTO, FL 34221

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol J. Rose Carol J. Rose 3/28/07 941-729-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #